IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ki Il Kim   )
Serial No.: 09/708,948   )   Art Unit: 2682
Filed: November 9, 2000   )
CELLULAR PHONE HOLDER WITH   )   Examiner: Tuan A. Tran
CHARGER MOUNTED TO VEHICLE   )
DASHBOARD   )

AMENDMENT

Mail Stop AF

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Commissioner for Patents

JUL 0 1 2004

P.O. Box 1450

Technology Center 2600

Alexandria, VA 22313-1450

Sir:

Responsive to the Final Office action dated May 10, 2004, please amend the

above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on

page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

	ATTORNEY'S DOCKET NO.
A M E N D M E N T T R A N S M I T T A L L E T T E R	

SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT
09/708,948	November 9,2000	Tuan A. Tran	2682

INVENTION

CELLULAR PHONE HOLDER WITH CHARGER MOUNTED TO VEHICLE DASHBOARD

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

____ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.

____ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

__X__ No additional fee is required.

____ The fee has been calculated as shown below:

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Technology Center 2600

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
	(1)		(2)	(3)
TOTAL	*	MINUS	**	
INDEP	*	MINUS	***	
FIRST PRESENTATION OF MULTIPLE DEP CLAIM				

SMALL ENTITY

RATE	ADDIT FEE	
X $6 =	$	OR
X $17 =	$	
X $55 =	$	
TOTAL ADDIT. FEE	$	OR

OTHER THAN A SMALL ENTITY

RATE	ADDIT FEE
X $12 =	$
X $34 =	$
x $110 =	$
TOTAL	$

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

***If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

____ Please charge my Deposit Account No. _____ in the amount of $_____. A duplicate copy of this sheet enclosed.

____ A check in the amount of $_____ to cover the filing fee is enclosed.

____ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

____ Any additional filing fees required under 37 CFR 1.16.

____ Any patent application processing fees under 37 CFR 1.17.

June 24, 2004
_____
(date)

_____
(signature)

pto/amttrans